COMPUTER DATA REQUEST FORM

The information available from the Illinois Department of Insurance, pursuant to 215 ILCS 5/408.2, is listed below.
For assistance call the Public Sales Coordinator at (217) 524-0605, or E-mail DOI.PublicSales@illinois.gov
See also the Department’s Internet Site at https://www.insurance.illinois.gov

Instructions:
♦ All sales are final. The Department does not have refund authority.
♦ This form must be completed entirely before requests can be processed or mailed.
♦ Payment must be received before requests can be processed or mailed.
♦ The Department of Insurance will supply CD for any data set requested.
♦ Return completed request form with your check/money order made payable to Director of Insurance/SSRF at the above address.

<table>
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<tr>
<th>Requested Data:</th>
<th>Amount Enclosed:</th>
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<td>☐ CD ☐ Email</td>
<td>Please include email address. Thank you</td>
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The undersigned hereby agrees that any data received as a result of this request will not be resold, reconveyed or otherwise transferred — for cash, merchandise or any consideration or thing of value — to any individual, corporation, association or other third party.

Requestor’s Signature:    Date Signed:    (Area Code) Phone:

Mail Request To:

Street:    City & State:    Zip:

PRICE SCHEDULE - Effective May 6, 2016

Licensee Data
Business Entity Licenses…………………………………………………………………………… $600/CD/Email
Business Entities from Upstate (zips 60000-60844)……………………………………………… $300/CD/Email
Business Entities from Downstate (zips 60845-62999)………………………………………… $300/CD/Email
Applications Passing Exams……………………………………………………………………… $100/CD/Email
All Producers or Producers with Specific Authority……………………………………………… $600/CD/Email
Producers from Upstate (zips 60000-60844)…………………………………………………… $300/CD/Email
Producers from Downstate (zips 60845-62999)…………………………………………………… $300/CD/Email
Producers from 10 zip codes…………………………………………………………………….. $150/CD/Email
Premium Finance, Public Adjuster OR Surplus Lines Licenses…………………………………… $100/CD/Email
Third Party Administrators and Third party Prescription Program Licensees/Registrants... $100/CD/Email

Insurer Data
Company Name, President, Address, Phone and Authority (All Companies)……………… $100/CD/Email
HMO Company Name, Address, Phone and County Service Area…………………………. $25/CD/Email
A&H Company FEINs, Address and Phone for Worker’s Compensation…………………. $100/CD/Email
Licensed Insurers and Accredited/Approved Reinsurers (Available Only to Companies).. $100/CD/Email

ALL SALES FINAL. THE DEPARTMENT DOES NOT HAVE REFUND AUTHORITY